

## Continuing Consent to Treatment

### INFORMATIONAL SUPPLEMENT

THE PHYSICIAN confronted with a minor needing prompt medical care is often faced with a dilemma. Where the parents or guardian may be close at hand, this can often be resolved in a matter of minutes or hours. However, not infrequently, the whereabouts of those legally able to give consent for treatment is unknown, or due to circumstances they cannot be contacted. The passage of many hours before institution of definitive treatment may be extremely detrimental to the patient, and yet the physician and/or the hospital are reluctant to proceed because of medical-legal implications. Many industries employ a significant number of minors, and the availability of a pre-signed "Consent for Treatment," which would apply only to occupationally produced disease or injury, would obviate delay and definitely be in the best interest of the patient and all concerned. The following consent form that has been produced, carries the approval of the California Medical Association, as well as the approval of the Board of Trustees of the California Hospital Association. It is suggested that those industries interested in using this form could have it completed in duplicate, attaching one copy to the permanent personnel record, and placing the other copy in the medical dispensary file, or at some point where it would be easily available in the event of need.

COMMITTEE ON OCCUPATIONAL HEALTH  
CALIFORNIA MEDICAL ASSOCIATION

### CONTINUING CONSENT TO TREATMENT

We, the undersigned, parents of \_\_\_\_\_, Minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said Minor, *in the event said Minor is injured while employed at \_\_\_\_\_, by the Employer's designated physician and surgeon*, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. We further authorize said physician to exercise his discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the employer and said physician to exercise their best judgment as to the requirements of such diagnosis and treatment.

This consent shall remain effective *while said Minor is employed by \_\_\_\_\_*, unless sooner revoked in writing delivered to the employer.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Witness